



## Professional commitment and attributional style of medical-college nursing students in China: A cross-sectional study



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### ABSTRACT

**Background:** The persistent shortage of nurses has become a common phenomenon around the world. Nursing students' professional commitment affects their decision to choose nursing as a professional career. However, there is little knowledge about the professional commitment of nursing students, especially its relationship with attributional style.

**Objectives:** To explore the professional commitment of nursing students and to identify the role of attributional style on nursing students' professional commitment.

**Design:** Cross-sectional study design.

**Settings and Participants:** This study was conducted at three different medical colleges in Jinan, Shandong Province, China and included 1230 nursing students. A total of 1223 valid questionnaires were returned, yielding a response rate of 99%.

**Methods:** The Professional Commitment Scale and the Multidimensional-Multiattributional Causality Scale (MMCS) were used to investigate nursing students' professional commitment and attributional style. Basic demographic information about the nursing students was collected. Stepwise regression analysis was used to analyze the data.

**Results:** The mean scores on the Professional Commitment Scale were  $3.54 \pm 5.29$  (mean  $\pm$  SD). Professional commitment of first year students was higher than that of second year students. Their residence affected their affective commitment, ideal commitment, and continuance commitment which were the sub-dimensions of professional commitment. Effort and ability attribution positively influenced professional commitment; however, context attribution negatively influenced it.

**Conclusions:** It is imperative to take effective measures to improve nursing students' professional commitment. Our findings indicated that attributional style had a significant effect on professional commitment; thus, effort and ability attribution need to be emphasized.

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### 1. Introduction

The persistent shortage of nurses has become a common phenomenon around the world (Chan et al., 2013). In order to cope with this challenge, professional commitment of nurses should be paid attention to. Professional commitment determines peoples' work behaviors (Fu and Deshpande, 2014). Nurses who have higher professional commitment tend to exhibit less turnover intention (Gellatly et al., 2014) and

higher job satisfaction (Caricati et al., 2014). Also, Teng et al. (2009) reported professional commitment enhances patient safety and patient-perceived quality of care that was widely recognized as an assessment index of care outcomes (Lee and Yom, 2007).

Professional commitment in nursing is an ongoing, dynamic process, which is originally shaped during the education of the nursing student in college (Waugaman and Lohrer, 2000). In other words, if nursing students have a higher professional commitment in college, they will continue to have a higher professional commitment after they graduate and become a registered nurse in a hospital setting (Lu et al., 2000). Thus, it is important to understand the level of professional commitment of medical-college nursing students. Unfortunately, few studies have investigated the professional commitment of nursing students. Given this background, this study explored

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the professional commitment of nursing students and its relevant factors in China to formulate specific intervention measures to improve nursing students' professional commitment.

Jafaragae et al. (2012) summarized the characteristics of professional commitment, including accepting the goals and values of the profession, the tendency to make significant efforts for the career, loyalty, membership in professional organizations and institutes, having pride and eagerly working in the profession. Professional commitment is a multidimensional model, and the most widely used model is Meyer and Allen's three-dimensional model, which distinguishes among affective, normative, and continuance commitment (Meyer and Allen, 1991). Based on this three-dimensional model, Lian et al. (2006) developed a four-dimensional construct, which is suitable for college students and has been widely used in China. In addition to containing affective, normative, and continuance commitment, the four-dimensional model has an additional dimension to reflect the students' learning situations, which is labeled ideal commitment. Affective commitment reflects the student's desire to learn the subject area; normative commitment refers to the student's identification with professional norms and requirements, and it stems from a sense of obligation to persevere in their academic studies; continuance commitment is based on a perceived necessity to insist on pursuing academic studies in the subject area; and ideal commitment reflects the student's belief in the ability to achieve goals to practice in a chosen specialty with the benefit of academic study (Lian et al., 2006).

A number of previous studies have found that locus of control is related to organizational commitment (Jain et al., 2009; Werbel et al., 1996; Hung and Hsu, 2011; Lee et al., 2013). The concept of professional commitment has its origins in the research on organizational commitment (Allen and Meyer, 1990). Locus of control (LOC) was a one-dimensional attribution theory, which was developed by Rotter (1966) based on an event that happened in his life, which was caused by internal and external reasons. Individuals with an internal LOC are more likely to be committed to the organization than those with an external LOC (Langevin and Mendoza, 2014). However, as revisions of professional commitment and attribution theories were made, researchers have found that work locus of control studies yielded significantly stronger relationships than general locus of control in the analyses of affective commitment and continuance commitment (Wang et al., 2010). Thus, to explore the students' professional commitment, a more appropriate attribution theory rather than the general locus of control theory should be used. Weiner's attribution theory is the most appropriate one for the college nursing students (Savoianen, 2013; Weiner, 1985). Considering the highly malleable nature of student attributions (Boese et al., 2013), the attributional style can be changed by Attributional Retraining which is a solution to ameliorating the severe deficits in motivation and performance caused by maladaptive failure attributions (Forsterling, 1985; Haynes et al., 2009; Rasclle et al., 2008). Thus, studies designed based on Weiner's attribution theory to illuminate the relationship between attributional style and professional commitment should be more meaningful.

Attribution is an attempt to understand and explain the causes of events or the behaviors of others (Weiner, 1985). Weiner's attribution theory has drawn heavily on different attribution theories, such as Rotter's theory of locus of control. Weiner isolated four major causes of behavior—ability, effort, task difficulty (context), and luck, which consisted of three dimensions—locus, stability, and control (Weiner, 1994, 2001). Weiner considered ability as internal (locus), stable, and uncontrollable; effort as internal (locus), unstable, and controllable; luck as external (locus), unstable, and uncontrollable; and task difficulty (context) as external (locus), unstable, and controllable. He stressed that causes influenced motivation and action (Weiner, 2010). Previous studies only found that students' attributions significantly affected their academic performance (Dunn et al., 2013); however, the relationship between professional commitment and attributional style has not

been explored. Thus, this study primarily focused on the following two purposes:

- (1) To explore the professional commitment of nursing students; and
- (2) To identify the role of attributional style on nursing students' professional commitment.

## 2. Methods

### 2.1. Design and Sample

A cross-sectional design was adopted for this study. The study sample consisted of a total of 1223 first and second year students (50 males and 1173 females) who come from three medical-colleges of 3-year schooling system in Shandong Province, China.

### 2.2. Instrument

#### 2.2.1. Demographic Characteristics

A questionnaire was used to obtain the demographic characteristics of the participants, including grade; residence (1 = urban, 2 = rural); gender (1 = male, 2 = female); age; parents' education; economic conditions; and whether the nursing students come from a single-child family (1 = yes, 2 = no).

#### 2.2.2. The Professional Commitment Scale

The level of professional commitment was measured by the Professional Commitment Scale (Lian et al., 2005), which is divided into four dimensions: affective commitment (9 items), continuance commitment (6 items), normative commitment (5 items), and ideal commitment (7 items). Item responses were rated on a five-point Likert scale, and each item was rated on a scale from 1 (nonconformity) to 5 (conformity), with higher scores indicating greater commitment. The alpha coefficient for the scale was reported in previous research as 0.927 and it also has good construct validity (Lian et al., 2006). The alpha coefficient for the scale was 0.911 in this study.

#### 2.2.3. The Multidimensional-Multiattributional Causality Scale (MMCS)

The MMCS was developed to assess attributional style (Lefcourt et al., 1979). The MMCS consists of an achievement locus of control scale (24 items) and an affiliation locus of control scale (24 items). The nursing students' professional commitment is mainly related to their learning achievement (Changyong et al., 2012); therefore, the present study is concerned with only the achievement scale. Each item on the scale is rated from 0 (disagree) to 4 (agree). The MMCS consists of four, 6-item subscales designed to measure ability, effort, context, and luck attribution. The alpha coefficient for the scale was reported in previous research as 0.815 (Lefcourt et al., 1979), and it also has good construct validity (Powers and Rossman, 1983) and convergent validity (Powers et al., 1985). In the present sample, the coefficient alpha was 0.831.

#### 2.2.4. Procedures

This study was conducted at three medical-colleges. The whole process of investigation was orderly organized and as follows: firstly, based on the good communication with these schools, the students were enrolled in their regular class meeting; secondly, after introducing the purpose and significance of this study to the students in detail, the students were asked whether to participate in this research based on the voluntary principle; thirdly, the brief items of this questionnaire were easy to understand and complete within about 15 min; meanwhile, relevant students were asked to supplement the omitted items on the spot; finally, a gift was provided to students who completed the questionnaires. As

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